

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046514

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3352

STATE FILE NUMBER

FILE NOV 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Affton		c. CITY OR TOWN Affton	
Length of stay in lb 5 yrs		-Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9515 Tesson Ferry Road		d. STREET ADDRESS (If outside, give location) 9515 Tesson Ferry Rd.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ERNEST NIEDERBRACH		4. DATE OF DEATH Month Oct. Day 30 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/18/1897
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 66 Days 66 Hours 66 Min. 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian		10b. KIND OF BUSINESS OR INDUSTRY parochial Hi School	
11. BIRTHPLACE (City and state or country) Campbell Hill, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ernest Niederbrach		13b. MOTHER'S MAIDEN NAME Christina Luhering	
14. NAME OF HUSBAND OR WIFE Anna Roettjer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 33		17. INFORMANT Mrs. Anna Niederbrach, 9515 Tesson Ferry Rd.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arteriosclerotic heart disease DUE TO (c) 2 yr Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 6:45 a.m. A.M. Month, Day, Year 12-29-59	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis STATE Missouri	
21. I attended the deceased from 12-29-59 to 10-30-63 and last saw him alive on 10-29-63 Death occurred at 6:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. W. Jorjman MD	
22b. ADDRESS 9501 Gravois		22c. DATE SIGNED 10.31.63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11/2/63	
23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		23d. LOCATION (City, town, or county) (State) Steelville, Illinois	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 3620 Chippewa St.		25. DATE RECD. BY LOCAL REG. 10-31-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Nickelback

Dr. W. W. Forsman, Jr.

9505 Gravois Ave.

Thursday 1953

6-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.